

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90234 046 \*\*\*150.00

DOCUMENT # P01000007424

1. Entity Name

DAZZLING IMAGES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

600 Brickell Ave

3. Mailing Address

3340 S.W. 32ND AVE

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

COCONUT GROVE, FL

4. FEI Number

65-1085418

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEONARDO STARKE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

3340 McDONALD ST.

City

MIAMI

FL

Zip Code

33133

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.V.D  
EVANS H. STARKE III  
9115 NW 13 AVE.  
MIAMI, FL 33147

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eusm A. Starke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

305-439-8081

Daytime Phone #